Sandra Paulsen, PhD – Workshop Offerings as of 8/23/2019

	TITLE: SUBTITLE	CES	COURSE ABSTRACT	INTENDED AUDIENCE
1	When There Are No Words - Revisited: Repairing Early Trauma and Neglect Held in Implicit Memory with EMDR	14- 21 credits (two or three days)	This course addresses some of the most difficult challenges of using EMDR with individuals with affect dysregulation, somatic distress and attachment injuries from early trauma and neglect. The methods efficiently empower clients with resources for containment, safety, and increased affect tolerance; and systematically target and reprocess early disturbance for which there may be no explicit memories. Although the workshop primarily addresses adolescents and adults, it also touches on its use with children.	For EMDR trained clinicians only.
2	Looking Through the Eyes: Ego State Therapy Across the Dissociative Continuum	14	Dr. Paulsen will review key assessment issues in which EMDR practitioners should be alert. Additionally, the workshop will elaborate on the key phase of stabilization, before ever conducting EMDR for a dissociative client. It will describe ways to increase affect tolerance, (employ somatic resourcing, and other somatic methods, for the second workshop), reconfigure ego states. A key focus is on working directly perpetrator introjects or other "monstrous" disowned or shameful parts, to minimize resistance and internal conflict. Leading Edge methods for resetting affective circuits and clearing very early attachment trauma will be touched upon.	Can be for non-EMDR trained clinicians but then no eligibility for EMDRIA CE credits. Sponsor may choose to limit to EMDR clinicians.
3	Toward an Embodied Self: Somatic Methods for EMDR Practitioners	14	The neurobiology of attachment and trauma has resulted in the recent emergence of somatic interventions for treating trauma. This workshop will frame Porges' polyvagal theory, Schore's right hemisphere and developmental postulates with in the neural network understand of the Adaptive Information Process theory that underlies EMDR; introduce several key somatic interventions including: somatic resources, tracking, discharging, pendulation, micro-movements, and boundaries, with a framework of somatic empathy (Stanley, 2006), and 3) identify where the eight step process of EMDRIA specific somatic elements can be utilized while maintaining the integrity of EMDR.	Can be for EMDR and/or non-EMDR clinicians
4	Did I Lock the Door?:Treating OCD with Exposure and Response	12	Obsessive Compulsive Disorder is a notoriously challenging condition to treat, in part because exposure itself is not enough to extinguish the high levels of anxiety. Research clearly indicates that response prevention, simultaneous with exposure to obsessional thoughts, is needed to eventuate extinction or reduction of	For EMDR trained clinicians.

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	Prevention, EMDR and Ego State Therapy		anxiety. EMDR Therapy can potentiate the anxiety reduction through desensitization and reprocessing, making an arduous treatment not only efficacious but time efficient and more comfortable than pure exposure and response prevention. Additionally, OCD sometimes appears to be a response to developmental trauma sequestered at ages when magical thinking is normal. In such cases, ego state maneuvers will help access the locus of developmental arrest at the time of trauma and disarm loyalty to the aggressor as manifest in perpetrator introjects, where applicable.	
5	Neuroaffective Embodied Self Therapy: Toward an Integrative Approach	4	Program Description:In the three decades of EMDR's history, there has been an unfolding of awareness that the standard protocol of EMDR must be modified for safe and effective use with complex trauma and dissociation. There have been a number of modifications suggested to accomplish that end, involving the integration of several therapeutic approaches as needed. The challenge for clinicians is how, and by what decision process these other methods might be integrated with fidelity to adaptive information processing theory and therapy. The N.E.S.T. approach guides the process of assessment, case formulation and treatment planning for time efficient treatment. The acronym stands for Neuroaffective Embodied Self-system Therapy. "N" for Neuroaffective refers to leading edge applications from neuroscience, "E" for Embodiment using somatic therapeutic maneuvers, "S" for Self-System enlistment and deconflictualizing through ego state work, and "T" for Therapies integrated within the eight phases of EMDR and AIP. Although not a cookie cutter because of the unique nature of each complex case, NEST goes a considerable distance to systematizing the process of case formulation and treatment. The workshop uses lecture, PowerPoint, video and role playing to convey the methods taught.	Designed for EMDR clinicians, but can be modified for non-EMDR clinicians
6	31 Secrets of the Embodied Self: Hearing Baby's Story in EMDR for Trauma Held Implicit Memory	2.5	This course synthesizes neurobiology, EMDR, and elements from ego state, somatic, and attachment therapies. 1) Prior to EMDR: a) somatic interventions for affect and soma tolerance, b) hypnotic containment, c) ego state maneuvers to decrease resistance (Paulsen, 2009), d) resetting affective circuits (O'Shea & Paulsen, 2007, Panksepp, 1998), and e) planning fractionation. 2) During EMDR: a) temporal integrationism (Paulsen, 2009b) or fractionating by time segments from conception to repair attachment (O'Shea & Paulsen, 2007; O'Shea 2009), b) accelerating processing with somatic, ego state, imaginal (O'Shea in press), and information channel interweaves, and c) decelerating processing by further fractionating by channel.	For EMDR clinicians

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7	How the Story Tells Itself in Pre-Verbal and Non-Verbal Trauma Work	2	EMDR processing of infancy trauma is without explicit picture memory or narrative, targeting instead by time frame, capturing emerging cognitions (O'Shea & Paulsen, 2007). The story tells itself not only in the client's subjective affective and somatic felt sense, but through therapist mirror neuronal response, enactment material in the relationship field, intuition, experienced energy release, and more. Ego state work shifts loyalty from the parent to self. We evoke imaginal repair vivified with felt sense, and empathic attunement as the client imagines getting what she needed on her own terms. By this means, the work restores compassion, hope and connection.	Designed for EMDR trained clinicians, but can be modified for non-EMDR clinicians.
8	Taking Care Ethically: Benefits and Mitigated Risks of Intensive Treatment for Early Trauma	1.5	Some EMDR therapists offer intensive treatment as an alternative to the conventional therapy structure of regular brief therapy appointments over months or years. This workshop describes considerations for doing intensive work safely and ethically. Advantages of the intensive format include: 1) when working in implicit memory, the brief appointment is not conducive to dropping into the felt sense of the bodily held unprocessed experience, whereas the long appointments over several days provides sufficient time for some to learn to drop into the felt sense, 2) some are willing and able to travel to find a particular skill set in the therapist, 3) some wish to avoid treatment in their own town, 4) many would rather take a few days to get work done intensively than to hassle with weekly appointments on an ongoing basis, with all the travel and interruption of brief sessions. When working in implicit memory, the therapist's every nuance can be perceived as a trigger or enactment of early memories in injured relationships with caretakers. The biggest hazard of the intensive format for working with people with very early trauma and neglect is the likelihood that saying goodbye at the end of the intensive, if the work isn't entirely complete, can evoke a reenactment of the original abandonment and betrayal trauma. Adult states understand but child states may be deeply hurt or feel abandoned at the end of even a successful piece of early work. Other considerations include the structure of the format, including pricing, communication, accommodations, ergonomics, and logistics, daily closure procedures, follow up checkpoints. Therapist selfcare is a consideration. The workshop will address the safety and comfort for both therapist and client in the intensive format.	For EMDR and non-EMDR trained clinicians.
9	Kindly Aunt or Attila the Therapist?: Initial Clinical	2	Most EMDR therapists learned in their graduate training to approach a new client in a particular way, with a particular interview style. EMDR therapists need to do that intake with an eye to the	Designed for EMDR clinicians, but can be modified for non-EMDR clinicians

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Interview for Treatment Planning		information needed to do a good job formulating the case from an Adaptive Information Processing point of view, and planning EMDR Therapy treatment where appropriate. This workshop describes a structured clinical interview format that meets the goal of assessing symptoms, history across domains such as personal history, educational and work history, medical and treatment history, and much more. In particular, the interview format includes embedded questions to discern the presence of an undiagnosed dissociative disorder or invite further assessment. Finally, the interview format meshes with treatment planning for the NEST approach, Neuroaffective Embodied Self Therapy, described elsewhere. That therapy points to somatic, ego state, and other interventions in combination with EMDR for complex cases.	